MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03059

164-C

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Ponorkey
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Isabella Barnett

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife ____

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 27, 1920

8. AGE:

Years	Months	Days	If less than one day
19	8	20	____ hrs. ____ min.

9. Birthplace: Brooke, Stafford Co., Virginia
(Town, county, and state)

10. Usual occupation: Domestic servant

11. Industry or business: Private homes

FATHER
12. Name: Sidney K. Barnett
13. Birthplace: Brooke, Va.

MOTHER
14. Maiden name: Eleanor Jones
15. Birthplace: Ponorkey, Md.

16. Informant: Sidney + Eleanor Barnett (parents)
Address: Ponorkey, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 15 (day) 1940 (year)

Cemetery or crematory: St Charles

Location: Glymont Md

18. Funeral director: Penny + Cofer

Address: Mason Springs Md

19. 3 – 15 – 1940 (Date rec'd by registrar) Mayme E. Ransome, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11, 1940, about 1:00 – 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on March 11, 1940, ~~to~~ ____ ~~19~~ ____, and that ~~I last~~ saw her ~~alive~~ on March 11, 1940.

Immediate cause of death: Gunshot wound of abdomen

Due to: Suicide (?)

~~Due to~~ (Case still under investigation)

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

DURATION: Several minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide (?) Date of: 3-11-40

Where did injury occur? Ponorkey (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): Woods back of home

Means of injury: Shotgun Injured at work? No

23. SIGNATURE: James L. MacKaraveyh, M.D., Dep. Medical Examiner
M. D. or other

Address: La Plata, Md Date signed: 3-11-40

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APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

03060

Reg. Dist. No. 102

1. PLACE OF DEATH:
County: Charles
City or town: Ironsides
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Ironsides Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rose Beatrice Bowie
3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Smith Bowie
6(c) If alive, give age: 35 years
7. Birth date of deceased (mo., day, yr.): Sept. 7 / 1898

8. AGE: Years: 41 Months: 6 Days: 13 If less than one day: hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER
12. Name: Emil Levy
13. Birthplace: Wash., D.C.
MOTHER
14. Maiden name: Hattie Backenheimer
15. Birthplace: Wash., D.C.
16. Informant: Smith Bowie (Husband)
Address: Ironsides, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/26/40 (month) (day) (year)
Cemetery or crematory:
Location: Washington D.C.
18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.
19. Mch 23 1940 (Date rec'd by registrar) John J. Maddox Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1940, at 8:20-25 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on March 22 1940, ~~to~~ ~~19~~, and that I ~~last~~ saw her ~~alive~~ on March 22 1940.

Immediate cause of death: Intra-abdominal hemorrhage — DURATION: 5-10 min
Due to: Accidental gunshot wound of abdomen
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 3-22-40
Where did injury occur? Ironsides (City or town), Charles (County), Md (State)
Injured at home, farm, industry, public place (where?): At home
Means of injury: .45 revolver Injured at work? NO

23. SIGNATURE: James L. MacKavanagh, M.D., Deputy Med. Examiner (M.D. or other)
Address: La Plata, Md. Date signed: 3-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 27 1940
BUREAU V.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03061

131-a

1. PLACE OF DEATH

County Char A Registration Dist. No. 108

Village or City Benedict No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarice Briscoe If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Briscoe

6. DATE OF BIRTH (month, day, and year): Feb 22 1866

7. AGE: Years 74 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

FATHER

13. NAME: Jack Jenifer

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

MOTHER

15. MAIDEN NAME: Elsie Jenifer

16. BIRTHPLACE (city or town) (State or country): St Marys Md

17. INFORMANT (Address): Moses Briscoe Charlotte Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvert Date: 3/29/40 19

19. UNDERTAKER (Address): Elmer McDonald Hughesville Md.

20. FILED 3/29/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 27 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1940 to Mar 27, 1940

I last saw her alive on March 25, 1940; death is said to have occurred on the date stated above, at 8 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of importance:

Hypertension Cardio-Vascular Renal disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) [signature]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 10 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03062

Reg. Dist. No. 108

1. PLACE OF DEATH:
County Charles
City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Physician's Memorial Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Charles
City or town Hughesville. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Butler William Henry
3. (b) Social Security Number: none

4. Sex: M
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife: Katie, Butler
6(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Feb 27 1879

8. AGE: Years 61 | Months 0 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace: St. Mary's County
(Town, county, and state)
10. Usual occupation: Farm-hand.
11. Industry or business:
FATHER
12. Name: ~~Jacob~~ Patrick Butler
13. Birthplace: Chas. Co. Feb 27, 1879
MOTHER
14. Maiden name: Douglas, Mary
15. Birthplace: Charles Co.
16. Informant: Katie Butler, wife
Address: Hughesville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-12-40 (month) (day) (year)
Cemetery or crematory: St Marys Cemetery
Location: Bryantown
18. Funeral director: Elmer M Quade
Address: Hughesville Md
19. 3/12/40 (Date rec'd by registrar) 19 Eva Chappelear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 1940, at 12:19 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 10 1940, and that I last saw him alive on March 10 1940.
Immediate cause of death: Cerebral Hemorrhage — DURATION: 96 hrs.
Due to: Arteriosclerotic Cardio-Vascular disease with hypertension ?
Due to:
Other conditions: Bed Sore right buttock
Former Cerebral Hemorrhage 11/24/39
(Include pregnancy within 3 months of death)
Major findings:
Df operations: —
Df autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: J. T. McAndrew MD. M. D. or other
Address: La Plata Md Date signed 3/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

03063

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: near La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: N. West La Plata

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: near La Plata Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural N. West

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Still born Chesley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	

B (b) Name of husband or wife: Stillborn

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 16 1940

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace: near La Plata (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER — 12. Name: Rufus M. Chesley

13. Birthplace: Charles Co Md

MOTHER — 14. Maiden name: Nella E. Hill

15. Birthplace: Chas Co

16. Informant: Nella E. Chesley

Address: La Plata Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 16 1940 (month) (day) (year)

Cemetery or crematory: near La Plata on farm

Location: N. West of La Plata

18. Funeral director: Rufus Chesley father

Address: La Plata Md

19. Mar. 16th 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death:	
Due to No Physician, mother had Chronic High	
Due to Blood Pressure	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lillian Posey Registrar

M. D. or other

Address: La Plata Md Date signed: Mar 16 40

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APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03064

CERTIFICATE OF DEATH

Reg. Diat. No. 103

1. PLACE OF DEATH:
County Charles
City or town Bel Alton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ann E. Davis

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Francis D. Davis
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	10	26	hrs. min.

9. Birthplace Chas Co Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Chappelear
13. Birthplace Chas Co Md

MOTHER
14. Maiden name Catherine Johnson
15. Birthplace Chas Co Md

16. Informant Aileen Irving
Address Bel Alton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-8-40 (month) (day) (year)
Cemetery or crematory
Location Chaptico Md
18. Funeral director Hiatt & Ryon
Address Waldorf Md

19. Mar 7 1940 Mary E. Burch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1940, to March 6 1940, and that I last saw h ER alive on March 6 1940.

Immediate cause of death	DURATION
Bronchio Pneumnia	2 days
Due to La Grippe. Acute Bronchitis	7 days
Due to	
Due to	
Other conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE J. J. McAndrew MD
M. D. or other
Address La Plata Md. Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03065

Reg. Dist. No. 102

1. PLACE OF DEATH:
County Charles
City or town Ironsides
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susie G. Dent

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Cld	Widowed

B (b) Name of husband or wife Thomas Dent
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE:

Years	Months	Days	If less than one day
59			hrs. min.

9. Birthplace Ironsides, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John A. Jennifer
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden name Charlotte Warren
15. Birthplace Charles Co. Md.

16. Informant Preston Jennifer
Address Ironsides, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16 1940. (month) (day) (year)
Cemetery or crematory Mt. Hope.
Location Ironsides, Md.
18. Funeral director Stanley Penn
Address Prigadle Md.

March 14 1940 John Lynd Mandrot
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to March 1940
and that I last saw h alive on March 13 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	
Delirium	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bickwell M.D.
M. D. or other
Address Marlow Md. Date signed March 14 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03066

1. PLACE OF DEATH (8)

County Chas Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Douglas

(a) Residence: No. — St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Mar. 15 1940

7. AGE: Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hughesville Md

FATHER

13. NAME: Chas E. Douglas

14. BIRTHPLACE (city or town) (State or country): St. Marys Co Md

MOTHER

15. MAIDEN NAME: Margaret Chase

16. BIRTHPLACE (city or town) (State or country): Chas Co Md

17. INFORMANT (Address): Chas E. Douglas Hughesville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Bryantown Date: 3/15/40, 19

19. UNDERTAKER (Address): Chas. E. Douglas Hughesville, Md

20. FILED 3/15/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1940, to Mar. 15, 1940

I last saw him ~~alive~~ dead on Mar 15, 1940; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Still born

Date of onset

Other Contributory Causes of importance: unknown as report of midwife

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eva Chappelear (Sub Reg.) M. D.

(Address) Hughesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1342)

CERTIFICATE OF DEATH

03067

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George C. Hackerson.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife: Mary Hackerson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 21, 1874.

8. AGE: Years	Months	Days	If less than one day
65	10	10	hrs. min.

9. Birthplace: Pisgah Md

(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER

12. Name: Joseph Hackerson.

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Harriett A. Chunn.

15. Birthplace: Charles Co. Md.

16. Informant: John Ed. Hackerson.

Address: Pisgale Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 3 1940. (month) (day) (year)

Cemetery or crematory: Smiths Chapel

Location: Pisgah Md.

18. Funeral director: Stanley Penny.

Address: Pisgale Md.

19. April 1st 1940. (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1940, to March 31 1940, and that I last saw him alive on March 31 1940

Immediate cause of death	DURATION
Arteriosclerosis.	
Ulc. Nephritis.	
Due to Cerebral Apoplexy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Richwell M.D.

M. D. or other

Address: Marbury Md Date signed Apr. 1 40

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APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03068

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Mt Victoria No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Hilton

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 14, '14

7. AGE: Years 25 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tom Kimmels Md

FATHER

13. NAME: Albert Hilton

14. BIRTHPLACE (city or town) (State or country): Tom Kimmels Md.

MOTHER

15. MAIDEN NAME: Mary Jenkins

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): John Hilton Mt Victoria

18. BURIAL, CREMATION, OR REMOVAL: Holy Gloria

Place ~~Hunt & Ryan~~ Date 3-4-, 1940

19. UNDERTAKER (Address): Hunt & Ryan Waldorf

20. FILED 3-4-, 1940 T. L. Hayden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) – 8 (Day) – 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 5-10 minutes, 19 ; death is said to have occurred on the date stated above, at 8 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Heart Dilatation	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) T. L. Hayden M. D.

(Address) Waysides

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

MAR 18 1940 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03069

(93-d)

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Newburg Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Ingle If U. S. Veteran, specify WAR

(a) Residence: No. Newburg Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melville Ingle.

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1862

7. AGE Years 77 Months 5 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) February 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME William Pechin Ingle

14. BIRTHPLACE (city or town) Washington D.C. (State or country)

MOTHER

15. MAIDEN NAME Eliza Crummer

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT William Ingle (Son) (Address) Newburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mch 27, 1940 Baltimore Md

19. UNDERTAKER Hunt & Ryan (Address) Waldorf Md

20. FILED 3-28-, 1940 T. L. Higdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1940, to March 26, 1940

I last saw him alive on March 26, 1940; death is said to have occurred on the date stated above, at 3:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease with hypertension	?
Slight cerebral hemorrhage	3/11/40
Uremia	3/22/40

Other Contributory Causes of importance:

Bronchial Asthma	Dec 1938
Chronic Bronchitis	about 20 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. T. McAndrew M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03070

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Charles (72-1) Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chloe Hockett Jones If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha D Jones

6. DATE OF BIRTH (month, day, and year) Aug 24 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jonesboro Indiana
(State or country)

FATHER

13. NAME Henry Hockett

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Lovina Hiatt

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT A. Golden Jones
(Address) Hughesville

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Cemetery Date 3/14 19 40

19. UNDERTAKER Davis Bros Co
(Address) Wash. D.C.

20. FILED 3/23/40, 19 Eva Chappelear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 12, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceasad from Sept 1, 1940, to March 12, 1940,
I last saw her alive on March 12, 1940; death is said to hava occurred on the date statad abova, at 7P m.

The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:

	Date of onset
(1) Ventricular failure	3/12
Chronic myocarditis	
Duration - Not stated	
Other Contributory Causes of Importance:	
(2) Hx of Cerebral hemorrhage	
(3) Hypertension - Not further stated	

Name of operation Date of (Completion)

Whet test confirmad diagnosis? Was there an autopsy?

23. If death was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county and State)

Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh M Ferguson M. D.

(Address) Hughesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 10 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 03071

1. PLACE OF DEATH (S)

County Chas Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant Lyles

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end yeer) Mar 10, 1940

7. AGE	Years	Months	Deys	If LESS than 1 day, ___ hrs. or ___ min.
	still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Dete deceased last worked at this occupation (month end year)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Hughesville (State or country) Md

FATHER

13. NAME Allie Lyles

14. BIRTHPLACE (city or town) Chas Co (Stete or country)

MOTHER

15. MAIDEN NAME Irene Coale

16. BIRTHPLACE (city or town) Chas Co (Stete or country)

17. INFORMANT Sidney Ellis (Address) Benedict, Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial at Home Dete 3/10/40, 19

19. UNDERTAKER Allie Lyles (Address) Hughesville

20. FILED 3/10/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from Mar 10, 1940, to Mar 10, 1940

I lest saw h-r alive on Mar 10, 1940; deeth is said to have occurred on the date stated above, et 7 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importence were es follows:

	Date of onset
Still Born as per report of midwife	
Other Contributory Causes of Importence: unknown	

Neme of operetion Dete of

Whet test confirmed diegnosis? Was there an autopsy?

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or injury in any way related to occupetion of deceased?

If so, specify

(Signed) Eva Chappelear (wife) M.D.

(Address) Hughesville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 10 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

03072

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:
County Charles
City or town Near Bel Alton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town near Bel Alton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. South
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles a. Mason

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	Married

6 (b) Name of husband or wife Lula Mason
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 2, 1860

8. AGE:

Years	Months	Days	If less than one day
79	10	3	____ hrs. ____ min.

9. Birthplace Chas. Co. Md. (Town, county, and state)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name Mary Mason
15. Birthplace Chas. Co. Md.

16. Informant Mary Swann
Address Bel Alton, Md.

17. Burial Date thereof 3/9/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Ignatius
Location Chapel Point -
18. Funeral director Hunter & Ryon
Address Waldorf, Md.

19. Mar 7 1940 M D Brayden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12 1940, to March 6 1940, and that I last saw him alive on March 5 1940.

Immediate cause of death	DURATION
Uremia	10 days
arteriosclerotic Cardio Vasc.	
Due to Renal disease.	
Hypertension.	
Due to	
Other conditions La Grippe.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE J. T. McAndrew M.D.
M. D. or other
Address La Plata Md Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1948
BUREAU V. S.

03073

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Grayton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Robert Jackson Mills.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Emma Lucy Mills

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): July 17, 1893

8. AGE: Years 46 | Months 8 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace: Chicamuxen, Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: Robt J. Mills.
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Ella Linton.
15. Birthplace: Philadelphia Pa

16. Informant: Emma Mills.

Address: Grayton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch. 29, 40. (month) (day) (year)

Cemetery or crematory: Baptist Cemetery.

Location: Nanjemoy Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. March 27 1940 (Date rec'd by registrar) John J. Maddox Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 26 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 25 1940, to Mch 26 1940 and that I last saw him alive on Mch 26 1940.

Immediate cause of death: Cerebral Apoplexy.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Geo. C. Bishwell, Mtr. M. D. or other

Address: Marlboro Md. Date signed: Mch 27, 40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1949
BUREAU V. S.

03074

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Charles Registration Dist. No. 183

Village or City New La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Glory Morris Proctor

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1939

7. AGE Years Months 43 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freedman's Hospital Wash. D.C.

FATHER

13. NAME Gene Proctor

14. BIRTHPLACE (city or town) (State or country) Charles Co

MOTHER

15. MAIDEN NAME Mabel Hardy

16. BIRTHPLACE (city or town) (State or country) Charles Co

17. INFORMANT (Address) Joseph Harley Faulkner *

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cemetery Date 4-1, 1940

19. UNDERTAKER (Address) Edward Proctor acting Faulkner

20. FILED March 31, 1940 Mary E. Burch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1940, to March 28, 1940

I last saw him alive on March 28, 1940; death is said to have occurred on the date stated above, at 3 30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Acute Gastro Enteritis

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Lynch M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 6 1940 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03075

Reg. Dist. No. 10/102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Doncaster

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Doncaster Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Landonia Rison

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 15, 1856

8. AGE: Years	Months	Days	If less than one day
83	10		hrs. min.

9. Birthplace: ? — Charles County, Md.

(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Own home

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name: — Speake

15. Birthplace: Chicamuxen, Md.

16. Informant: Files of Chas. Co. Welfare Bd.,

Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/15/40 (month) (day) (year)

Cemetery or crematory: Methodist Cemetary

Location: Chicamuxen, Md.

18. Funeral director: Hunter & Rison

Address: Waldorf, Md.

19. 3/15 (Date rec'd by registrar) 19 40 Mary Sutherland Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13, 19 40, at 5 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on March 13, 19 40, ~~to~~ 19 ; and that I ~~last~~ saw ~~him~~ ~~alive~~ on March 13, 19 40.

Immediate cause of death	DURATION
Coronary occlusion	2-3 hrs.
Due to Arteriosclerotic heart disease (coronary artery disease)	Symptomatic about 5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacFarland, M.D., Dpc. Medical Examiner

M. D. or other

Address: La Plata, Md. Date signed 3-13-40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

03076

Reg. Dist. No. 108

1. PLACE OF DEATH:

County: Charles

City or town: Bryantown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 1/2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Bryantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Adelaide Steffens

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Dietrich Henry Steffens

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): April 2, 1866

8. AGE:

Years	Months	Days	If less than one day
73	11	12	hrs. min.

9. Birthplace: Berndt, West Prussia, Germany
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Hehn, Louis
13. Birthplace: Germany

MOTHER
14. Maiden name: Wedtke, Antoinette
15. Birthplace: Germany

16. Informant: Rev. D. H. Steffens (Husband)

Address: Bryantown, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Mch 14, 1940 (month) (day) (year)

Cemetery or crematory: St Pauls Druid Hill Park

Location: Balto Md.

18. Funeral director: Mrs Chas A. G Rohde

Address: 2327 Edmondson Ave Balto Md

19. 3/14/40 (Date rec'd by registrar) 19 Eva Chappelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14, 1940, at 4 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5, 1940, to March 14, 1940, and that I last saw her alive on March 13, 1940.

Immediate cause of death	DURATION
Congestive heart failure	5 days
Due to Hypertensive heart disease	5 days
Due to Chronic glomerulonephritis	21 yrs.
Other conditions Chronic bronchitis	20-25 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 3-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

03077

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:

County Charles

City or town LaPlata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Mem. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 23 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Charles

City or town Waysides Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Templeman, Frank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Negro	married

6 (b) Name of husband or wife Elinore

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hrs. min.

9. Birthplace Charles County, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Walter Templeman

13. Birthplace Chas Co Md

MOTHER 14. Maiden name Annie Hamble

15. Birthplace Chas Co Md

16. Informant Richard Templeman

Address Issue Md

17. Burial Date thereof 3-26-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shiloh Md

Location Shiloh Md

18. Funeral director Hunt & Rogers

Address Waldorf Md

19. Mar. 25 1940 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 6:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 29 1940, to March 23 1940, and that I last saw him alive on March 23 1940.

Immediate cause of death	DURATION
Luetic Cardio-Vascular disease with hypertension	
Due to Generalized Arteriosclerosis	
Due to acute heart failure	5 Minutes
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. T. McAndrew M.D.
M. D. or other

Address LaPlata Md Date signed 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 8 1940
BUREAU V. S.

03078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:
County: Charles
City or town: Hughesville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Wm Thomas

3. (b) Social Security Number: —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	Col	D

6 (b) Name of husband or wife ____
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 19 1939

8. AGE: Years: no; Months: 9; Days: 12; If less than one day: ____ hrs. ____ min.

9. Birthplace: Chas (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business: Infant

FATHER
12. Name: Robt Theodore Jones
13. Birthplace: Md

MOTHER
14. Maiden name: Eliz Thomas
15. Birthplace: Md

16. Informant: Henry Jones
Address: Hughesville Md

17. Bryantown Ch (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 4 (day) 40 (year)
Cemetery or crematory: Bryantown Ch
Location: Bryantown Md

18. Funeral director: Elmer Quade
Address: Hughesville Md

19. 3/4/40 (Date rec'd by registrar) 19 Eva Chappelear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/2 1940, to 3/2 1940, and that I last saw h[illegible] alive on 3/2 1940.

Immediate cause of death: Broncho Pneumonia

Due to: Exposure

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 2 days 7

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? ____

23. SIGNATURE: F N Chappelear MD
M. D. or other
Address: Hughesville Md Date signed: 3/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

03079

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-1

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Newburg Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eula Vincent If U. S. Veteran, specify WAR

(a) Residence: No. Newburg Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Vincent

6. DATE OF BIRTH (month, day, and year) March 28 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Bushrod

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Nickens

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Husband.

18. BURIAL, CREMATION, OR REMOVAL

Place Newberg Date 3/10, 1940

19. UNDERTAKER (Address) Hewitt & Ryan Waldorf Md.

20. FILED 3/8/40, 19 S. L. Higdon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Seen for first and only time I saw her alive on 1/2 hour after death, death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Acute Cardiac Dilitation	5 minutes before demise

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? History from relatives Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) J. T. McAndrew M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN